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CONFIRMATION NO. 5139

<b>SERIAL NUMBER</b> 10/705,536	<b>FILING OR 371(c) DATE</b> 11/10/2003 <b>RULE</b>	<b>CLASS</b> 280	<b>GROUP ART UNIT</b> 3618	<b>ATTORNEY DOCKET NO.</b> 4263-031577
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***This appln claims benefit of 60/464,584 04/22/2003 *OKAY***\*\* FOREIGN APPLICATIONS \*\*\*\*\****None***IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 09/27/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after 11/1/01 Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no					
Verified and Acknowledged					

**ADDRESS**

28289

**TITLE**

Carrier for gas and liquid cylinders

<b>FILING FEE RECEIVED</b> 403	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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